

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 10/03/03.

## **I. DISPUTE**

Whether there should be reimbursement for dates of service 6/30/03 and 7/01/03. The Carrier denied reimbursement as “A – Preauthorization required but not requested.”

## **II. RATIONALE**

### **Dates of Service 6/30/03; HCPCS code E1399-NU Interferential Stimulator \$495.00**

The Requestor billed for an Interferential Stimulator, which according to documentation submitted by the Requestor, is a Neuro Muscular Stimulator and not a Transcutaneous Electrical Nerve Stimulator (TENS) unit. Based on TWCC Rule 134.600(h)(11), pre-authorization is not required for DME under \$500.00.

MFG GI VIII states “...NOTE: TWCC modifiers may differ from those published by the American Medical Association, and in submitting workers’ compensation billing, only the modifiers set out in this Medical Fee Guideline shall be used...”

The modifier “-NU” is not recognized in the 1996 Medical Fee Guideline. For this reason, the Medical Review Division is unable to determine proper reimbursement. Therefore, reimbursement is not recommended.

### **Date of Service 7/01/03; HCPCS code E1399 Supplies for Interferential Stimulator \$85.00**

As previously stated, the Requestor billed for an Interferential Stimulator and not a TENS unit. Based on TWCC Rule 134.600(h)(11), pre-authorization is not required for DME under \$500.00. Therefore, reimbursement in the amount of \$85.00 is recommended.

### **Date of Service 7/01/03; CPT code 99070 Shipping & Handling \$15.00**

Based on the 1996 Medical Fee Guideline DME Ground Rule (V), Storage, shipping, handling, etc. are included in the provider’s usual and customary charge and shall not be reimbursed separately. Therefore, reimbursement is not recommended.

### **III. DECISION & ORDER**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the Requestor is entitled to reimbursement for HCPCS code E1399, Interferential Stimulator Supplies in the amount of \$85.00. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit \$85.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Decision and Order is hereby issued this 11<sup>th</sup> day of February 2004.

Pat DeVries  
Medical Dispute Resolution Officer  
Medical Review Division

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